| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  [00.40.605]                                                                                                                                                                                                                                        |                                                |                                           |                   |                   |                                     |                  |        |              |                                              |                        |         |                     |                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------|-------------------|-------------------------------------|------------------|--------|--------------|----------------------------------------------|------------------------|---------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                             |                                                |                                           |                   |                   |                                     |                  |        |              | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |         |                     |                        |  |
| TO                                                                                                                                                                                                                                                                                                                         | TAL CLAIMS                                     |                                           | 16                |                   |                                     |                  |        | RATE         |                                              | FEE                    |         | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED      |                   | NUMBER EXTRA                        |                  |        | BASIC        | PEE                                          | 370.00                 | OR      | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                    |                                                |                                           | 6 minus 20=       |                   | • 0                                 |                  |        | X\$ 9        | =                                            |                        | OR      | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                         |                                                |                                           | 3 minus 3 =       |                   | • 0                                 |                  |        | X42=         |                                              |                        | OR      | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                           |                                                |                                           |                   |                   |                                     |                  |        |              |                                              |                        | OR      | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0"                                                                                                                                                                                                                                                               |                                                |                                           |                   |                   |                                     | olumn 2          |        | +140<br>TOT/ |                                              |                        | OR      | TOTAL               | 740                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                |                                                |                                           |                   |                   |                                     |                  |        |              | - [                                          |                        | ,       | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                           |                                                |                                           |                   |                   |                                     |                  |        |              | LLE                                          | ENTITY                 | OR      | SMALL               | NTITY                  |  |
| MTA                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUA<br>PREVI      | HEST<br>IBER<br>OUSLY<br>FOR        | PRESENT<br>EXTRA |        | RAT          | E                                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                  | Total                                          | · 15                                      | Minus             | ** /              | 10                                  |                  | ]      | X\$ 9        | ī                                            |                        | OR      | X\$18=              |                        |  |
| MEN                                                                                                                                                                                                                                                                                                                        |                                                | • 4                                       | Minus             | 444               | 3                                   | -                |        | X42          | =                                            |                        | OR      | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                             |                                                |                                           |                   |                   |                                     |                  |        | +14          | )=.                                          |                        | OR      | +280=               |                        |  |
|                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                   |                   |                                     |                  |        |              | 7AL                                          |                        | OR      | YOYAL<br>ADDIT, FEE |                        |  |
|                                                                                                                                                                                                                                                                                                                            | 30/05                                          | (Column 1)                                |                   | (Coh              | umn 2)                              | (Column 3        | 3)     | ADDIT.       | PEE I                                        |                        |         | AUUII. FEE          |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIG<br>NU<br>PREV | HEST<br>MBER<br>/IOUSLY<br>D FOR    | PRESENT<br>EXTRA |        | RAT          | E                                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                            | Total                                          | • 26                                      | Minus             | - 0               | 20                                  | - 6              |        | X\$          | <i>5</i>                                     |                        | OR      | X\$18≥              | 300                    |  |
|                                                                                                                                                                                                                                                                                                                            | Independent                                    | • 4                                       | Minus             | ***               | T 01 A114                           |                  | ┩╏     | X4:          | <u>00</u>                                    |                        | OR      | X84=                |                        |  |
|                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                   |                                     |                  |        | +14          | 0=                                           |                        | OR      | +280=               |                        |  |
|                                                                                                                                                                                                                                                                                                                            |                                                |                                           |                   |                   |                                     |                  |        | ADDIT.       | )TAL<br>FEE                                  |                        | ]OR     | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                           |                                                |                                           |                   |                   |                                     |                  |        |              |                                              |                        |         |                     | _                      |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NL<br>PRE         | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |        | RA*          | ΓE                                           | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                            | Total                                          | •                                         | Minus             | **                |                                     | 8                |        | X\$          | 94                                           |                        | OR      | X\$18=              |                        |  |
|                                                                                                                                                                                                                                                                                                                            | Independent                                    | •                                         | Minus             | ***               |                                     | -                | _      | X4           | 2=                                           |                        | OR      | X84=                | T -                    |  |
| Ľ                                                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                   |                                     |                  |        | +14          | <u>0=</u>                                    |                        | OR      |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.                                                                                                                                                                                                                                      |                                                |                                           |                   |                   |                                     |                  |        |              | OTAL                                         | <del> </del>           | 4       | TOTAL               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1. |                                                |                                           |                   |                   |                                     |                  |        |              |                                              |                        |         | E <b>L</b>          |                        |  |
|                                                                                                                                                                                                                                                                                                                            | The "Highest Nu                                | mber Previously                           | Paid For (Total o | or indepe         | indent) is t                        | ne highest nu    | mber 1 | round in     | une a;                                       | bbudbusta p            | ux in ( | AAURES 1.           |                        |  |

Application or Docket Number